



South Carolina 2003
Behavioral Risk Factor Surveillance System
Questionnaire

December 30, 2002

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Interviewer's Script

Interviewer's Script from Field Test

HELLO, I'm calling for the South Carolina Department of Health and Environmental Control and the Centers for Disease Control and Prevention. My name is (name). We're gathering information on the health of South Carolina residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

Is this (phone number) ? If "no" Thank you very much, but I seem to have dialed the wrong number, It's possible that your number may be called at a later time. **Stop**

Is this a private residence? If "no" Thank you very much, but we are only interviewing private residences. **Stop**

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1" Are you the adult?

If "yes" Then you are the person I need to speak with. Enter 1 man or 1 women below (Ask gender if necessary). Go to page 7

If "no" Is the adult a man or a woman? Enter 1 man or 1 women below. May I speak with [fill in (him/her) from previous question]? Go to "correct respondent" at bottom of page

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "**you**", go to page 7

To the correct respondent HELLO, I'm (name) calling for the South Carolina Department of Health and Environmental Control and the Centers for Disease Control and Prevention. We're gathering information on the health of South Carolina residents. You have been chosen randomly to be interviewed, and I'd like to ask some questions about health and health practices.

I won't ask for your name, address, or other personal information that can identify you. You don't have to answer any question you don't want to, and you can end the interview at any time. The interview takes a short time and any information you provide will be confidential. If you have any questions about this survey, I will provide a telephone number for you to call to get more information.

Core Sections

Section 1:

Health Status

- 1.1 Would you say that in general your health is:

(73)

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

- 7 Don't know / Not sure
- 9 Refused

- 1.2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

(74-75)

- ___ ___ Number of days
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

- 1.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

(76-77)

- ___ ___ Number of days
- 8 8 None **If Q1.2 also "None," go to Q2.1**
- 7 7 Don't know / Not sure
- 9 9 Refused

- 1.4 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

(78-79)

—	—	Number of days
8	8	None
7	7	Don't know / Not sure
9	9	Refused

Section 2:

Health Care Access

- 2.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

(80)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

- 2.2 Do you have one person you think of as your personal doctor or health care provider?
(If "No," ask: *"Is there more than one or is there no person who you think of?"*)

(81)

1	Yes, only one
2	More than one
3	No
7	Don't know / Not sure
9	Refused

- 2.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

(82)

1	Yes
2	No
7	Don't know/Not sure
9	Refused

Section 3:

Exercise

- 3.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(83)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

Section 4:

Diabetes

- 4.1 Have you ever been told by a doctor that you have diabetes?

(If "Yes" and respondent is female, ask: *"Was this only when you were pregnant?"*)

(84)

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 7 Don't know / Not sure
- 9 Refused

Module 1:

Diabetes

To be asked following core Q4.1 if response is "Yes"

1. How old were you when you were told you have diabetes?

(205-206)

- ___ ___ Code age in years [**97 = 97 and older**]
- 9 8 Don't know/ Not sure
 - 9 9 Refused

2. Are you now taking insulin?

(207)

- 1 Yes
- 2 No
- 9 Refused

3. Are you now taking diabetes pills?

(208)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

(209-211)

- 1 ___ ___ Times per day
- 2 ___ ___ Times per week
- 3 ___ ___ Times per month

4	___	___	Times per year
8	8	8	Never
7	7	7	Don't know / Not sure
9	9	9	Refused

5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do not include times when checked by a health professional.

(212-214)

1	___	___	Times per day
2	___	___	Times per week
3	___	___	Times per month
4	___	___	Times per year
8	8	8	Never
5	5	5	No feet
7	7	7	Don't know / Not sure
9	9	9	Refused

6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

(215)

1	Yes
2	No
7	Don't know / Not sure
9	Refused

7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

(216-217)

___	___	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know / Not sure
9	9	Refused

8. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"?

(218-219)

___	___	Number of times [76 = 76 or more]
8	8	None
9	8	Never heard of hemoglobin "A one C" test
7	7	Don't know / Not sure
9	9	Refused

If "no feet" to Q5, go to Q10

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

(220-221)

___	___	Number of times [76 = 76 or more]
8	8	None
7	7	Don't know / Not sure
9	9	Refused

10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

(222)

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
- 2 Within the past year (1 month but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 2 or more years ago
- 8 Never
- 7 Don't know / Not sure
- 9 Refused

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

(223)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

12. Have you ever taken a course or class in how to manage your diabetes yourself?

(224)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Section 5:

Hypertension Awareness

- 5.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

(If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")

(85)

- 1 Yes
- 2 Yes, but female told only during pregnancy **[Go to next section]**
- 3 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 5.2 Are you currently taking medicine for your high blood pressure?

(86)

- 1 Yes

- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 6:

Cholesterol Awareness

6.1 Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? (87)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

6.2 About how long has it been since you last had your blood cholesterol checked? (88)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure
- 9 Refused

6.3 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high? (89)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 7:

Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods **you** eat, both at home and away from home.

7.1 How often do you drink fruit juices such as orange, grapefruit, or tomato? (90-92)

- 1__ __ Per day
- 2__ __ Per week
- 3__ __ Per month
- 4__ __ Per year

5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

7.2 Not counting juice, how often do you eat fruit?

(93-95)

1__ __ Per day
2__ __ Per week
3__ __ Per month
4__ __ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

7.3 How often do you eat green salad?

(96-98)

1__ __ Per day
2__ __ Per week
3__ __ Per month
4__ __ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

7.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

(99-101)

1__ __ Per day
2__ __ Per week
3__ __ Per month
4__ __ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

7.5 How often do you eat carrots?

(102-104)

1__ __ Per day
2__ __ Per week
3__ __ Per month
4__ __ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

7.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

(105-107)

1__ __ Per day
2__ __ Per week
3__ __ Per month
4__ __ Per year
5 5 5 Never
7 7 7 Don't know / Not sure
9 9 9 Refused

Section 8:

Weight Control

- 8.1** Are you now trying to lose weight? (108)
- 1 Yes **[Go to Q8.3]**
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

- 8.2** Are you now trying to maintain your current weight that is to keep from gaining weight? (109)
- 1 Yes
 - 2 No **[Go to Q8.6]**
 - 7 Don't know / Not sure **[Go to Q8.6]**
 - 9 Refused **[Go to Q8.6]**

- 8.3** Are you eating either fewer calories or less fat to... (110)
- lose weight? **[If "Yes" to Q8.1]**
- keep from gaining weight? **[If "Yes", to Q8.2]**

Probe for which:

- 1 Yes, fewer calories
- 2 Yes, less fat
- 3 Yes, fewer calories and less fat
- 4 No
- 7 Don't know / Not sure
- 9 Refused

- 8.4** Are you using physical activity or exercise to (111)
- lose weight? **[If "Yes" to Q8.1]**
- keep from gaining weight? **[If "Yes" to Q8.2]**

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9Refused

- 8.5** In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

Probe for which:

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No

(112)

- 7 Don't know / Not sure
- 9 Refused

Section 9:

Asthma

- 9.1** Have you ever been told by a doctor, nurse or other health professional that you had asthma? (113)
- 1 Yes
 - 2 No **[Go to next section]**
 - 7 Don't know / Not sure **[Go to next section]**
 - 9 Refused **[Go to next section]**
- 9.2** Do you still have asthma? (114)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 10:

Immunization

- 10.1** During the past 12 months, have you had a flu shot? (115)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
- 10.2** Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal vaccine. (116)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 4:

Influenza

Note: If Core Q10.1 = 1 continue; otherwise go to next module

1. At what kind of place did you get your last flu shot? (237-238)

Read only if necessary:

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center (**Example: a community health center**)
- 04 A senior, recreation, or community center
- 05 A store (**Examples: supermarket, drug store**)
- 06 A hospital or emergency room
- 07 Workplace

Or

- 08 Some other kind of place

Do not read:

- 77 Don't know
- 99 Refused

Section 11:

Tobacco Use

- 11.1 Have you smoked at least 100 cigarettes in your entire life? (117)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 11.2 Do you now smoke cigarettes every day, some days, or not at all? (118)

- 1 Everyday
- 2 Some days
- 3 Not at all **[Go to next section]**
- 9 Refused **[Go to next section]**

- 11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (119)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 12:

Alcohol Consumption

- 12.1** A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?

(120-122)

1__ __ Days per week

2__ __ Days in past 30

8 8 8 No drinks in past 30 days **[Go to next section]**

7 7 7 Don't know / Not sure

9 9 9 Refused **[Go to next section]**

- 12.2** On the days when you drank, about how many drinks did you drink on the average?

(123-124)

__ __ Number of drinks

7 7 Don't know / Not sure

9 9 Refused

- 12.3** Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

(125-126)

__ __ Number of times

8 8 None

7 7 Don't know / Not sure

9 9 Refused

Section 13:

Excess Sun Exposure

The next question is about sunburns including anytime that even a small part of your skin was red for more than 12 hours.

(127)

- 13.1** Have you had a sunburn within the past 12 months?

1 Yes

2 No **[Go to next section]**

7 Don't know / Not Sure **[Go to next section]**

9 Refused **[Go to next section]**

- 13.2** Including times when even a small part of your skin was red for more than 12 hours, how many sunburns have you had within the past 12 months?

(128)

1 One

2 Two

3 Three

4 Four

- 5 Five
- 6 Six or more
- 7 Don't know / Not sure
- 9 Refused

Section 14:

Demographics

14.1 What is your age? (129-130)

__ __ Code age in years

- 0 7 Don't know / Not sure
- 0 9 Refused

14.2 Are you Hispanic or Latino? (131)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

14.3 Which one or more of the following would you say is your race?
(Check all that apply) (132-137)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native

Or

- 6 Other [specify]_____

Do not read:

- 8 No Additional choices
- 7 Don't know / Not sure
- 9 Refused

If more than one response to Q14.3, continue. Otherwise, go to Q14.5

14.4 Which one of these groups would you say best represents your race? (138)

- 1 White
- 2 Black or African American
- 3 Asian

- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify]_____
- 7 Don't know / Not sure
- 9 Refused

14.5 Are you?

(139)

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

14.6 How many children less than 18 years of age live in your household?

(140-141)

- ____ Number of children
- 8 8 None
- 9 9 Refused

14.7 What is the highest grade or year of school you completed?

(142)

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

14.8 Are you currently?

(143)

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker

- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

14.9 Is your annual household income from all sources?

(144-145)

If respondent refuses at ANY income level, code '99 Refused'

Read as appropriate:

- 04 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 **If "no," code 02**
- 05 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

- 77 Don't know / Not sure
- 99 Refused

14.10 About how much do you weigh without shoes?

(146-148)

Round fractions up

___ ___ ___ Weight

pounds

7 7 7 Don't know / Not sure

9 9 9 Refused

14.11 How much would you like to weigh? (149-151)

___ ___ ___ Weight

pounds

7 7 7 Don't know / Not sure

9 9 9 Refused

14.12 About how tall are you without shoes? (152-154)

Round fractions down

___/___ ___ Height

ft / inches

7 7 7 Don't know / Not sure

9 9 9 Refused

14.13 What county do you live in? (155-157)

___ ___ ___ FIPS county code

7 7 7 Don't know / Not sure

9 9 9 Refused

14.14 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (158)

1 Yes

2 No **[Go to Q14.16]**

7 Don't know / Not sure **[Go to Q14.16]**

9 Refused **[Go to Q14.16]**

14.15 How many of these phone numbers are residential numbers? (159)

___ Residential telephone numbers **[6=6 or more]**

7 Don't know / Not sure

9 Refused

14.16 During the past 12 months, has your household been without telephone service for 1 week or more?

Note: Do not include interruptions of phone service due to weather or natural disasters. (160)

1 Yes

2 No

7 Don't know/ Not sure

9 Refused

14.17 Indicate sex of respondent. Ask only if necessary. (161)

- 1 Male **[Go to next section]**
- 2 Female

If respondent 45 years old or older, go to next section.

- 14.18** To your knowledge, are you now pregnant? (162)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 15:

Arthritis

- 15.1** "The next questions refer to your joints. Please do **NOT** include the back or neck. **"DURING THE PAST 30 DAYS**, have you had any symptoms of pain, aching, or stiffness in or around a joint? (163)
- 1 Yes
 - 2 No **[Go to Q15.4]**
 - 7 Don't Know / Not Sure **[Go to Q15.4]**
 - 9 Refused **[Go to Q15.4]**
- 15.2** Did your joint symptoms **FIRST** begin more than 3 months ago? (164)
- 1 Yes
 - 2 No **[Go to Q15.4]**
 - 7 Don't Know / Not Sure **[Go to Q15.4]**
 - 9 Refused **[Go to Q15.4]**
- 15.3** Have you **EVER** seen a doctor or other health professional for these joint symptoms? (165)
- 1 Yes
 - 2 No
 - 7 Don't Know / Not Sure
 - 9 Refused
- 15.4** Have you **EVER** been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia? (166)
- 1 Yes
 - 2 No
 - 7 Don't Know / Not Sure
 - 9 Refused

Interviewer note: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica

- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

IF EITHER Q15.2= 1 OR Q15.4 = 1 THEN CONTINUE. OTHERWISE, GO TO NEXT SECTION

- 15.5** Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms? (167)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't Know / Not Sure |
| 9 | Refused |

NOTE: If a respondent question arises about medication, then the interviewer should reply:

"Please answer the question based on how you are when you are taking any of the medications or treatments you might use."

***IF AGE IS BETWEEN 18-64 CONTINUE, OTHERWISE GO TO NEXT SECTION**

- 15.6** "In this next question we are referring to work for pay. "Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do? (168)

NOTE: If respondent says he\she is retired or out-of-work, reply: "Did arthritis or joint symptoms cause you to stop working? That is, did it affect whether you work or not?"

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't Know / Not Sure |
| 9 | Refused |

Section 16:

Falls

To be asked only of people 45 years or older.

"The next question asks about a recent fall. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level."

- 16.1** In the past 3 months, have you had a fall? (169)
- 1 Yes
 - 2 No [Go to next section]
 - 7 Don't know / Not sure [Go to next section]
 - 9 Refused [Go to next section]
- 16.2** Were you injured? By injured, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor. (170)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Section 17:

Disability

The following questions are about health problems or impairments you may have.

- 17.1** Are you limited in any way in any activities because of physical, mental, or emotional problems? (171)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused
- 17.2** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (172)
- Include occasional use or use in certain circumstances**
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

Section 18:

Physical Activity

If "employed" or "self-employed" to core Q14.8 continue, otherwise go to Q18.2.

- 18.1** When you are at work, which of the following best describes what you do? Would you say? (173)
- If respondent has multiple jobs, include all jobs**

Please read:

- 1 Mostly sitting or standing
- 2 Mostly walking
- or
- 3 Mostly heavy labor or physically demanding work

Do not read:

- 7 Don't know / Not sure
- 9 Refused

We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

- 18.2** Now, thinking about the moderate activities you do **[fill in (when you are not working,) if “employed” or self-employed]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes small increase in breathing or heart rate?

(174)

- 1 Yes
- 2 No **[Go to Q18.5]**
- 7 Don't know / Not sure **[Go to Q18.5]**
- 9 Refused **[Go to Q18.5]**

- 18.3** How many days per week do you do these moderate activities for at least 10 minutes at a time?

(175-176)

___ ___ Days per week

- 7 7 Don't know / Not sure **[Go to Q18.5]**
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time **[Go to Q18.5]**
- 9 9 Refused **[Go to Q18.5]**

- 18.4** On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(177-179)

__:__ Hours and minutes per day

- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

- 18.5** Now, thinking about the vigorous activities you do **[fill in (when you are not working) if “employed” or “self-employed”]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

(180)

- 1 Yes
- 2 No **[Go to next section]**
- 7 Don't know / Not sure **[Go to next section]**
- 9 Refused **[Go to next section]**

- 18.6** How many days per week do you do these vigorous activities for at least 10 minutes at a time?

(181-182)

___ ___ Days per week

- 7 7 Don't know / Not sure **[Go to next section]**
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time **[Go to next section]**
- 9 9 Refused **[Go to next section]**

18.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

(183-185)

__:__ Hours and minutes per day

7 7 7 Don't know / Not sure

9 9 9 Refused

Section 19:

Veteran's Status

The next question relates to military service in the United States Armed Forces, either in the regular military or in a National Guard or Reserve unit.

19.1 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

(186)

1 Yes

2 No

[Go to next section]

7 Don't know / Not sure

[Go to next section]

9 Refused

[Go to next section]

19.2 Which of the following best describes your service in the United States military?

(187)

Please read:

1 Currently on active duty **[Go to next section]**

2 Currently in a National Guard or Reserve unit

[Go to next section]

3 Retired from military service

4 Medically discharged from military service

5 Discharged from military service

Do not read:

7 Don't know / Not sure **[Go to next section]**

9 Refused **[Go to next section]**

19.3 In the last 12 months have you received some or all of your health care from VA facilities?

(188)

If "yes" probe for "all" or "some" of the health care.

1 Yes, all of my health care

2 Yes, some of my health care

- 3 No, no VA health care received
- 7 Don't know / Not sure
- 9 Refused

Section 20:

HIV / AIDS

If respondent is 65 years old or older, go to next section.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you don't want to.

I'm going to read two statements about HIV, the virus that causes AIDS. After I read each one, please tell me whether you think it is true or false, or if you don't know.

- 20.1** A pregnant woman with HIV can get treatment to help reduce the chances that she will pass the virus on to her baby. (189)

- 1 True
- 2 False
- 7 Don't know / Not Sure
- 9 Refused

- 20.2** There are medical treatments available that are intended to help a person who is infected with HIV to live longer. (190)

- 1 True
- 2 False
- 7 Don't know / Not Sure
- 9 Refused

- 20.3** How important do you think it is for people to know their HIV status by getting tested? (191)

Please read:

Would you say?

- 1 Very important
- 2 Somewhat important
- Or**
- 3 Not at all important

Do not read:

- 8 Depends on risk
- 7 Don't know / Not sure
- 9 Refused

20.4 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

(192)

[Include saliva tests]

- 1 Yes
- 2 No **[Go to Q20.8]**
- 7 Don't know / Not Sure **[Go to Q20.8]**
- 9 Refused **[Go to 20.8]**

20.5 Not including blood donations, in what month and year was your last HIV test?

[include saliva tests]

(193-198)

NOTE: If response is before January 1985, code "Don't know".

___ ___ / ___ ___ ___ ___ Code month and year
7 7 7 7 7 7 Don't know / Not sure
9 9 9 9 9 9 Refused

20.6 I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test?

(199-200)

Please read:

___ ___ Reason code

- 01 It was required
- 02 Someone suggested you should be tested
- 03 You thought you may have gotten HIV through sex or drug use
- 04 You just wanted to find out whether you had HIV
- 05 You were worried that you could give HIV to someone
- 06 IF FEMALE: You were pregnant
- 07 It was done as a part of a routine medical check-up
- 08 Or you were tested for some other reason

Do not read:

- 77 Don't know / Not sure
- 99 Refused

20.7 Where did you have your last HIV test, at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?

(201-202)

___ ___ Facility code

- 01 Private doctor or HMO
- 02 Counseling and testing site
- 03 Hospital
- 04 Clinic

- 05 In a jail or prison (or other correctional facility)
- 06 Home
- 07 Somewhere else
- 77 Don't know / Not sure
- 99 Refused

20.8 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one.

(203)

You have used intravenous drugs in the past year

You have been treated for a sexually transmitted or venereal disease in the past year

You have given or received money or drugs in exchange for sex in the past year

You had anal sex without a condom in the past year

Do any of these situations apply to you?

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

The next question is about sexually transmitted diseases other than HIV, such as syphilis, gonorrhea, chlamydia, or genital herpes.

20.9 In the past 12 months has a doctor, nurse or other health professional talked to you about preventing sexually transmitted diseases through condom use?

(204)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

Transition to Modules and State-added Questions.

OPTIONAL MODULES

Module 2:

Oral Health

1. How long has it been since you last visited a dentist or a dental clinic?

(225)

NOTE: Include visits to dental specialists, such as orthodontists.

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)
- 4 5 or more years ago
- 8 Never
- 7 Don't know / Not sure
- 9 Refused

2. How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics.

(226)

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth. Include teeth lost due to infection.

- 1 1 to 5
- 2 6 or more but not all
- 3 All
- 8 None
- 7 Don't know / Not sure
- 9 Refused

If Q1 = Never or Q2= All, go to next module otherwise continue

3. How long has it been since you had your teeth "cleaned" by a dentist or dental hygienist?

(227)

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)

- | | |
|---|-----------------------|
| 4 | 5 or more years ago |
| 8 | Never |
| 7 | Don't know / Not sure |
| 9 | Refused |

Module 7:

Childhood Asthma

If "No children" to core Q14.6, go to next module

1. Earlier you said there were **[fill in number from core Q14.6]** children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

(259-260)

- | | | |
|-----|-----|--|
| ___ | ___ | Number of children |
| 8 | 8 | None [Go to next module] |
| 7 | 7 | Don't know / Not sure [Go to next module] |
| 9 | 9 | Refused [Go to next module] |

2. **[Fill in (Does this child/How many of these children) from Q1]** still have asthma?

(261-262)

If only one child from Q1 and response is "Yes" to Q2 code '01'. If response is "No" code '88'.

- | | | |
|-----|-----|-----------------------|
| ___ | ___ | Number of children |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Module 8:

Heart Attack & Stroke

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke.

1. Which of the following do you think is a symptom of a heart attack? For each, tell me yes, no, or you're not sure.

a. Do you think pain or discomfort in the jaw, neck, or back are symptoms of a heart attack?

(263)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |

9 Refused

b. Do you think feeling weak, lightheaded, or faint are symptoms of a heart attack?

(264)

1 Yes

2 No

7 Don't know/Not sure

9 Refused

c. (Do you think) chest pain or discomfort (are symptoms of a heart attack?)

(265)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

d. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)

(266)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

e. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)

(267)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

f. (Do you think) shortness of breath (is a symptom of a heart attack?)

(268)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

2. Which of the following do you think is a symptom of a stroke? For each, tell me yes, no, or you're not sure.

a. Do you think sudden confusion or trouble speaking are symptoms of a stroke?

(269)

1 Yes

2 No

7 Don't know / Not sure

9 Refused

b. Do you think sudden numbness or weakness of face, arm, or leg, especially on one side, are symptoms of a stroke?

(270)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

c. **(Do you think)** sudden trouble seeing in one or both eyes **(is a symptom of a stroke?)**

(271)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

d. **(Do you think)** sudden chest pain or discomfort **(are symptoms of a stroke?)**

(272)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

e. **(Do you think)** sudden trouble walking, dizziness, or loss of balance **(are symptoms of a stroke?)**

(273)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

f. **(Do you think)** severe headache with no known cause **(is a symptom of a stroke?)**

(274)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3. If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

(275)

Please read:

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member
- Or**
- 5 Do something else

Do not read:

- 7 Don't know/ Not sure

Module 9:

Cardiovascular Disease

1. To lower your risk of developing heart disease or stroke, are you.... (276)
 - a. Eating fewer high fat or high cholesterol foods?
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
 - b. Eating more fruits and vegetables? (277)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
 - c. More physically active? (278)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
2. Within the past 12 months, has a doctor, nurse, or other health professional told you to... (279)
 - a. Eat fewer high fat or high cholesterol foods?
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
 - b. Eat more fruits and vegetables? (280)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
 - c. Be more physically active? (281)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
3. Has a doctor, nurse or other health professional ever told you that you had any of the

following?

(282)

a. A heart attack, also called a myocardial infarction

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

b. Angina or coronary heart disease

(283)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

c. A stroke

(284)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

If "Yes" to Q3a continue. Otherwise, go to Q5.

4. At what age did you have your first heart attack?

(285-286)

- 1 0 Code ages 10 years or less
- — Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

If "Yes" to Q3c, continue. Otherwise, go to Q6.

5. At what age did you have your first stroke?

(287-288)

- 1 0 Code ages 10 years or less
- — Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

If "Yes" to question 3a or 3c, continue. Otherwise, go to Q7.

6. After you left the hospital following your [fill in (heart attack) if "yes" to Q3a or to Q3a and Q3c; fill in (stroke) if "Yes" to Q3c and "No" to Q3a], did you go to any kind of outpatient rehabilitation? This is sometimes called "rehab."

(289)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

If respondent is aged 35 years or older continue with Q7 otherwise go to the next module.

7. Do you take aspirin daily or every other day? (290)
- 1 Yes **[Go to Q9]**
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
8. Do you have a health problem or condition that makes taking aspirin unsafe for you? (291)
- If "Yes," ask "Is this a stomach condition?" Code upset stomachs as stomach problems**
- 1 Yes, not stomach related **[Go to next module]**
 - 2 Yes, stomach problems **[Go to next module]**
 - 3 No **[Go to next module]**
 - 7 Don't know / Not sure **[Go to next module]**
 - 9 Refused **[Go to next module]**
9. Why do you take aspirin...
- a. To relieve pain? (292)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
 - b. To reduce the chance of a heart attack? (293)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
 - c. To reduce the chance of a stroke? (294)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

Module 10:

Folic Acid

1. Do you currently take any vitamin pills or supplements? (295)
- Include liquid supplements**
- 1 Yes
 - 2 No **[Go to Q5]**
 - 7 Don't know / Not sure **[Go to Q5]**

9 Refused **[Go to Q5]**

2. Are any of these a multivitamin?

(296)

1 Yes **[Go to Q4]**

2 No

7 Don't know / Not sure

9 Refused

3. Do any of the vitamin pills or supplements you take contain folic acid?

(297)

1 Yes

2 No **[Go to Q5]**

7 Don't know / Not sure **[Go to Q5]**

9 Refused **[Go to Q5]**

4. How often do you take this vitamin pill or supplement?

(298-300)

1 ___ ___ Times per day

2 ___ ___ Times per week

3 ___ ___ Times per month

7 7 7 Don't know / Not sure

9 9 9 Refused

If respondent 45 years old or older, go to next module.

5. Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons...

(301)

Please read:

1 To make strong bones

2 To prevent birth defects

3 To prevent high blood pressure

Or

4 Some other reason

Do not read:

7 Don't know / Not sure

9 Refused

Module 13:

Arthritis

NOTE: Only asked to respondents with chronic joint symptoms or doctor diagnosed

arthritis

(Core Q15.2=1 OR Core Q15.4=1)

Interviewer please read:

1. "Earlier you indicated that you had arthritis or joint symptoms." Thinking about your arthritis or joint symptoms, which of the following best describes you **TODAY**?

(322)

Please read :

- 1 I can do everything I would like to do
- 2 I can do most things I would like to do
- 3 I can do some things I would like to do
- 4 I can hardly do anything I would like to do

Do not read:

- 7 Don't know / Not sure
- 9 Refused

2. Has a doctor or other health professional **EVER** suggested losing weight to help your arthritis or joint symptoms?

(323)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

3. Has a doctor or other health professional **EVER** suggested physical activity or exercise to help your arthritis or joint symptoms?

(324)

NOTE: If the respondent is unclear about whether this means an increase or decrease in physical activity, this means increase.

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

4. Have you **EVER** taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

(325)

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

Module 14:

Prostate Cancer Screening

If respondent is 39 years old or younger, or is female, go to next module.

1. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test? (326)

1 Yes
2 No **[Go to Q3]**
7 Don't Know / Not Sure **[Go to Q3]**
9 Refused **[Go to Q3]**

2. How long has it been since you had your last PSA test? (327)

Read only if necessary:

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years)
3 Within the past 3 years (2 years but less than 3 years)
4 Within the past 5 years (3 years but less than 5 years)
5 5 or more years ago
7 Don't know
9 Refused

3. A digital rectal exam is an exam in which a doctor, nurse or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam? (328)

1 Yes
2 No **[Go to Q5]**
7 Don't know / Not sure **[Go to Q5]**
9 Refused **[Go to Q5]**

4. How long has it been since your last digital rectal exam? (329)

Read only if necessary:

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years)
3 Within the past 3 years (2 years but less than 3 years)
4 Within the past 5 years (3 years but less than 5 years)
5 5 or more years ago
7 Don't know / Not sure
9 Refused

5. Have you ever been told by a doctor, nurse or other health professional that you had prostate cancer? (330)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

Module 15:

Colorectal Cancer Screening

If respondent 49 years old or younger, go to next module.

1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (331)

1 Yes
2 No **[Go to Q15.3]**
7 Don't know / Not sure **[Go to Q15.3]**
9 Refused **[Go to Q15.3]**

2. How long has it been since you had your last blood stool test using a home kit? (332)

Read only if necessary:

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago
7 Don't know / Not sure
9 Refused

3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams? (333)

1 Yes
2 No **[Go to next module]**
7 Don't know / Not sure **[Go to next module]**
9 Refused **[Go to next module]**

4. How long has it been since you had your last sigmoidoscopy or colonoscopy? (334)

Read only if necessary:

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 Within the past 10 years (5 years but less than 10 years ago)
5 10 or more years ago
7 Don't know / Not sure
9 Refused

State-Added Module 1: Immunization

Note: If Core Q10.1 = 2 continue; otherwise go to SC1_2

Interviewer please read:

SC1_1. Earlier you told me that you didn't get a flu shot.

What was the main reason you didn't get a flu shot?

(350-351)

Read as Necessary

- 01 Didn't know I needed it
- 02 Doctor didn't recommend it
- 03 Didn't think of it/forgot/missed it
- 04 Tried to get a flu shot, but no flu shots were available

- 05 Tried to get a flu shot, but my doctor said I didn't need it
- 06 Didn't think it would work
- 07 Don't need a flu shot/not at risk/flu not serious

- 08 Shot could give me the flu/allergic reaction/other health problem

- 09 Doctor recommended against getting the shot/allergic to shot/medical reasons
- 10 Don't like shots or needles / don't want it
- 11 Other
- 77 Don't know/not sure
- 99 Refused

SC1_2. Have you ever had Chicken Pox?

(352)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added Module 2: Tobacco Indicators

SC2_1. In the past 12 months, have you seen a doctor, nurse or other health care professional to get any kind of care for yourself? (353)

- 1 Yes
- 2 No **[Go to SC2_3]**
- 7 Don't know/Not sure **[Go to SC2_3]**
- 9 Refused **[Go to SC2_3]**

SC2_2. In the past 12 months, has a doctor, nurse or other health care professional advised you to quit smoking? (354)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

SC2_3. Which statement best describes the rules about smoking inside your home?

(355)

Please Read:

- 1 Smoking is not allowed anywhere inside your home
 - 2 Smoking is allowed in some places or at some times
 - 3 Smoking is allowed anywhere inside the home
- or**
- 4 There are no rules about smoking inside the home

Do not read:

- 7 Don't know/Not sure
- 9 Refused

SC2_4. In the following locations, do you think that smoking should be allowed in all areas, some areas, or not allowed at all?

a. Restaurants (356)

Please Read:

- 1 All Areas
- 2 Some Areas
- 3 Not Allowed

Do not read:

- 7 Don't know/Not sure
- 9 Refused

b. Schools (357)

Please Read:

- 1 All Areas
- 2 Some Areas
- 3 Not Allowed

Do not read:

- 7 Don't know/Not sure
- 9 Refused

c. Day Care Centers (358)

Please Read:

- 1 All Areas
- 2 Some Areas
- 3 Not Allowed

Do not read:

- 7 Don't know/Not sure
- 9 Refused

d. Places of work/worksites (359)

Please Read:

- 1 All Areas
- 2 Some Areas

3 Not Allowed

Do not read:

- 7 Don't know/Not sure
- 9 Refused

State-Added Module 3: Racism

Earlier you told me your race. Now I will ask you some questions about reactions to your race.

SC3_1. How do other people usually classify you in this country? Would you say White, Black or African American, Hispanic or Latino, Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or some other group? (360-361)

- 01 White
- 02 Black or African American
- 03 Hispanic or Latino
- 04 Asian
- 05 Native Hawaiian or Other Pacific Islander
- 06 American Indian or Alaska Native

- 07 Some other group

- 77 Don't know/Not sure
- 99 Refused

Instruction to interviewer: The responses can be interpreted as meaning “at least” the indicated time frequency. If a respondent cannot decide between two categories, check the response for the lower frequency. For example, if a respondent says that they think about their race between once a week and once a month, check “once a month” as the response.

SC3_2. How often do you think about your race? Would you say never, once a year, once a month, once a week, once a day, once an hour, or constantly? (362-363)

- 01 Never
- 02 Once a year
- 03 Once a month
- 04 Once a week
- 05 Once a day
- 06 Once an hour
- 07 Constantly

- 77 Don't know/Not sure
- 99 Refused

[CATI skip pattern: This question should only be asked of those who are “employed for wages”, “self-employed”, or “out of work for less than one year”.]

SC3_3. Within the past 12 months at work, do you feel you were treated worse than, the same as, or better than people of other races? (364)

Read only necessary:

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 7 Don't know/Not sure
- 9 Refused

[Instruction to interviewer:

If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about your perceptions when seeking health care. It does not require specific knowledge about other people's experiences."]

SC3_4. Within the past 12 months when seeking health care, do you feel your experiences were worse than, the same as, or better than for people of other races? (365)

Read only necessary:

- 1 Worse than other races
- 2 The same as other races
- 3 Better than other races
- 4 Worse than some races, better than others
- 5 Only encountered people of the same race
- 6 No health care in past 12 months
- 7 Don't know/Not sure
- 9 Refused

SC3_5. Within the past 30 days, have you felt emotionally upset, for example angry, sad, or frustrated, as a result of how you were treated based on your race? (366)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

SC3_6. Within the past 30 days, have you experienced any physical symptoms, for example a headache, an upset stomach, tensing of your muscles, or a pounding heart, as a result of how you were treated based on your race? (367)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

State-Added Module 4: Sexual Assault/Physical Violence

Now, I would like to ask you a few questions about physical violence between adults. By this I mean situations in which a person hits, slaps, pushes, or otherwise hurts or strikes another person. This includes fights between friends or family members, physical or sexual assaults, and being hit by objects or with weapons.

SC4_1. Within the past year, on any occasion were you hit, slapped, kicked, raped or otherwise physically hurt by a spouse, partner, ex-spouse or partner, boyfriend, girlfriend or date? (368)

- 1 Yes
- 2 No **[Go to SC4_3]**
- 7 Don't know/Not sure **[Go to SC4_3]**
- 9 Refused **[Go to SC4_3]**

SC4_2. On the most recent occasion, where did the violence take place? (369-370)

- 01 Your home
- 02 Someone else's home
- 03 Restaurant, bar or tavern
- 04 At work
- 05 School
- 06 Outside on the street
- 07 Some other place
- 77 Don't know/Not sure
- 99 Refused

Another form of violence which affects a person's physical and mental health is sexual victimization. To help determine the extent of this problem in South Carolina, we would like to ask you about unwanted sexual experiences that you may have had either as an adult or as a child. These experiences may have involved strangers or someone you know, such as a friend, date, spouse or intimate partner, or relative.

We are asking these questions to gain more accurate information about this important

issue, since most statistics underestimate the problem. We realize that this is a sensitive topic and that people may feel uncomfortable with these questions. Please remember that you may refuse to answer any question and that your responses are strictly confidential.

Although this is a very sensitive issue, it is important that we are clear about the definition that we are using for sex in the following questions, since there are many different ways of defining it. When we refer to sex in the following questions, we mean any type of intercourse or penetration.

Interviewer Note: If the respondent asks for further clarification, we are including vaginal, anal, and oral sex, as well as the insertion of fingers or any other type of object into a person's vagina or anus.

If respondent asks for clarification, examples of other nonconsensual situations would include alcohol/drug intoxication, being passed out, being too young, etc.

SC4_3. Has anyone ever had sex with you against your will or without your consent? This would include situations where verbal threats, coercion, physical force, or a weapon was used or you were not able to give consent for some reason. (371)

- 1 Yes **[Go to SC4_5]**
- 2 No
- 7 Don't know/Not sure
- 9 Refused

SC4_4. Has anyone ever attempted to have sex with you against your will or without your consent, but intercourse/penetration did not occur? Again, this would include situations where verbal threats, coercion, physical force, or a weapon was used, or you were not able to give consent for some reason. (372)

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know/Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

SC4_5. In the past 12 months, has anyone had or attempted to have sex with you against your will or without your consent? (373)

- 1 Yes
- 2 No **[Go to next module]**
- 7 Don't know/Not sure **[Go to next module]**
- 9 Refused **[Go to next module]**

The next question refers to the most recent time this happened to you during the past 12 months.

SC4_6. Did this most recent experience involve someone you know or a stranger? (374)

- 1 Someone you know
- 2 A stranger
- 3 More than one person
- 7 Don't know/not sure
- 9 Refused

State-Added Module 5: Epilepsy and Seizure

The next questions are about Epilepsy and seizure.

SC5_1. Have you ever been told by a doctor that you have a seizure disorder or epilepsy? (375)

- 1 Yes
- 2 No **[Go to Closing Statement]**
- 7 Don't know/Not sure **[Go to Closing Statement]**
- 9 Refused **[Go to Closing Statement]**

SC5_2. Are you currently taking any medicine to control your seizure disorder or epilepsy? (376)

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

SC5_3. How many seizures have you had in the last three months? (377)

Interviewer's Probe: Some people may call it “convulsion,” “fit,” “falling out spell,” “episode,” “attack,” “drop attack,” “staring spell,” or “out-of-touch.”

- 1 None
- 2 One
- 3 More than one

Do not read:

- 4 No longer have epilepsy or seizure disorder **[Go to Closing Statement]**
- 7 Don't know/not sure

9 Refused

SC5_4. During the past 30 days, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say... (378)

- 1 Not at all
- 2 Slightly
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

Do not read:

- 7 Don't know/not sure
- 9 Refused

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.